

**Tennessee Department of Mental Health and Developmental Disabilities
Planning and Policy Council
Meeting Minutes
June 29, 2004**

The Mental Health Planning and Policy Council (MHPPC) report was given by outgoing President Bonnie Currey. All Council members completed a survey on satisfaction with the size of the Council, agenda items, length of meetings and the TennCare Partners Roundtable.

Bob Benning reported that the Roundtable is tracking several issues: loss of IMD funds, the new service delivery model, and data requests. A major concern is continuity of medications for persons entering or leaving regional mental health institutes (RMHIs), in residential treatment facilities or jails. The Children's Committee of the Roundtable is concerned about a substantial increase over the past year in the number of children in residential services. This will be an agenda item of the TDMHDD Council in August.

Don Redden gave the Developmental Disabilities Planning and Policy Council report. The DDPPC has made a recommendation that if the Division of Mental Retardation Services (DMRS) does not return to DMHDD, that DMRS and the Office of Developmental Disabilities become a separate department of state government.

DDPPC also recommended that if there is a major rewrite of Title 33, the planning and policy councils should play a significant role; the councils are crucial and should be more than just advisory groups.

Commissioner Virginia Trotter Betts reported that the ceremonies celebrating Fifty Years of the DMHDD held in the State Capitol were a huge success.

Comm. Betts announced the reorganization of DMHDD went into effect July 1st. The reorganization will promote frequent contact with key staff leaders to address DMHDD priorities and solve department-wide issues.

Comm. Betts is committed to having all five RMHIs take on characteristics of a psychiatric hospital system, with all five institutes operating much more alike than different. Deputy Commissioner Joe Carobene will serve as Chief Operating Officer for the Department, as well as having lead responsibility for the RMHIs, assisted by Becki Poling and Dr. Judy Regan through their Offices of Hospital Services and Clinical Leadership.

Priority areas for the Office of Special Populations, led by Dr. Freida Outlaw, include forensics, children and youth, co-occurring disorders, the elderly, and the appropriate diversion of people with mental illness from the criminal justice system.

The Office of Policy and Strategic Initiatives, headed by Marthagem Whitlock, will (1) take the lead for refining the future service model and, through oversight of the Office of Public Information, (2) the anti-stigma campaign, and (3) faith-based services and outreach efforts to the state's racially/ethnically diverse populations. Janice Spillman will lead the Office of Planning, Legislation and Regulation. Dr. Judy Regan, the Department's Medical Director, will lead efforts to identify best practices from across the country for the three program divisions of Recovery Services, the TennCare Partners Program, and Special Populations. Marie Williams is leading the Office of Recovery Services and will bring the state/community action model so effective with housing to a full continuum of recovery services. Mack Rhea will take on a greater role in departmental administration services. These key staff constitute the Core Team.

Gene Wood announced only one improvement in the FY 2005 budget: a mandatory upgrade to the Behavioral Health Hospital Information System (BHIS) in the amount of \$900,000.

Candace Gilligan reported Tennessee Behavioral Health (TBH) will have two contracts with the State including a full risk contract in East Tennessee, which is pending final CMS approval.

The RMHI Chief Officers will negotiate their own FY 2005 contracts, just like any other provider. The BHO will no longer reserve a certain number of beds, which will facilitate reconciling actual costs with the facilities' operating budgets. The institutes have different needs in different regions of the state, based on types of beds needed by the BHO and availability of private providers in each area.

The contract with TennCare will not change. DMHDD assumes all oversight of the BHOs.

Janice Spillman announced the appointments of June Phillips, Executive Director of TEAM Evaluation in Chattanooga, who replaces Bonnie Currey on the DMHDD Planning and Policy Council. Carolyn Cowans, a former member of the Title 33 Revision Commission, will replace Andy Fox.

Council members received the annual report on ECT and Isolation and Restraint. Of 52 hospitals contacted, only 8 are equipped to give ECT and all responded. Of the hospitals contacted, 33 responded with I&R data. Ms. Rolando suggested review and evaluation of the questions posed and the method of how patient days are counted. After the IMD exemption ends, trending data from private psychiatric units in general hospitals to determine how I&R are dealt with should be a part of contract renewal.

Deputy Commissioner Joe Carobene reported that Methodist Le Bonheur Healthcare System is interested in the Memphis Mental Health Institute (MMHI) property. The

State has considered two different sites for a new facility: the Turner Tower, part of The Med, and the UT-Bowld Hospital, which is closing this summer. This is an exciting opportunity to replace a facility built in the 1960s and closer merge with The Med so that acute medical and mental health care will be seamless.

There is also interest in the Lakeshore Mental Health Institute (LMHI) property. State officials have looked at properties near acute care hospitals such as UT Medical Center, which could afford the State a similar opportunity for co-location (as with The Med).

The National Park Service has expressed interest for many years in property of Moccasin Bend Mental Health Institute (MBMHI). DMHDD will recommend the transfer of 220 acres of land MBMHI no longer uses. Because of historical significance such as Indian burial grounds, transfer to the National Park Service is believed to be in the best interests of Chattanooga and all Tennesseans.

As of July 1, DMHDD has \$56 million to rebuild Western Mental Health Institute (WMHI). The appropriate bed capacity of the RMHIs is difficult to determine and highly dependent on the private market. The main issue is how private providers will respond to the loss of the IMD exemption. The number of inpatient psychiatric providers is less now than ever before. Patient mix (e.g., acute, long-term, forensic, etc.) is an important factor due to the 30-60 day rule. If the patients' stay is over 60 days annually or over 30 days per episode, the State pays 100% over that limit.

Several years ago, Mississippi set up eight sixteen-bed facilities. This model will be reviewed by Tennessee, as well as seven other states which have some form of IMD exclusion elements in their 1115 waivers. It is hoped that Advocare is carefully reviewing crisis services and alternatives to inpatient care all over the state. Triage units also need to be examined, as to what has worked about them and what has not.

Ms. Rolando suggested clear expectations or at least some cadre of available services be included in the BHO contracts to give the BHOs a sense of how to manage the system. Expectations should be set for performance for community supports as well as inpatient psychiatric services.

Joe Swinford provided a status report for the system design project. The report on Phase 1 cannot be completed without resolution of major issues, particularly TennCare reform. The continuum includes primary prevention (including specific identification of what is to be prevented, secondary (treatment and interventions) and restorative measures (tertiary support and rehabilitation) leading to recovery. The goal is to prevent the disability that results from mental illness or substance abuse.

Linked to the three parts of the continuum are system needs (both met and unmet), populations and prevalence, services and supports, access (including available resources) and systemic structure issues.

Mr. Swinford commended the MHPPC Executive Committee for its hard work on the project and organization of the feedback from the regional meetings. A report will be presented at the August MHPPC and DMHDD Planning and Policy Council meetings.

Don Redden presented the five primary recommendations developed by the Dual Diagnosis Task Force. Not surprisingly, the group found few quality programs for people with a diagnosis of developmental disabilities and mental illness. Their recommendations are:

- Interagency Cooperation, Collaboration and Advocacy
- Training and Public Information and Education
- Fiscal Considerations:
Differential rate for BHO-funded services; inclusion of mental health supports in MR Home & Community Based Waivers; financial incentives aligned with system outcomes
- Community-Based Approach
- Evaluation and Accountability

Ms. Rolando proposed a recommendation to Comm. Betts stating the Council's position on integration of mental health and developmental disability service system planning in DMHDD in compliance with Title 33, including planning for A&D services. Mr. Hopkins so moved, Dr. Causey seconded and the motion passed.

Alicia Fox and Debbie Shahla reported on finalizing the Three Year Plan. As this is the third year of the plan, the Planning Committee of the Council proposed a major revision next year. There were suggestions for inclusion in this year's plan, including strategies relating to the Department's reorganization and strategies to ensure equitable access to services and resources statewide. Mr. Redden requested strategies for interagency agreements or an MOU in support of the recommendations of the Dual Diagnosis Task Force.

Deputy Chief Legal Counsel Joseph Brenner reported to the Council on the 2004 Legislative Summary. The report may be reviewed on the DMHDDPPC web page.

There being no further business, the meeting adjourned.